

L21000244780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000366818310

05/26/21--01003--002 **130.00

RECEIVED
TALLAHASSEE, FL

2021 MAY 25 AM 3:53

RECEIVED

2021 MAY 25 AM 11:45

RECEIVED



12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Vistavila LLC

(CORPORATE NAME)

(DOCUMENT #)

2.

(CORPORATE NAME)

(DOCUMENT #)

3.

(CORPORATE NAME)

(DOCUMENT #)

☐ Walk-In

X Pick up time: _____

☒ Certified Copy

☒ Certificate Of Status

| New Filings | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Other: |

| Amendments | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments |
| <input type="checkbox"/> | Resignation |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other: |

| Other Filings | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille: |
| <input type="checkbox"/> | Other: |

| | |
|--------------------|--|
| Examiners Initials | |
|--------------------|--|

Please register company first
and apostille second.

ARTICLES OF ORGANIZATION

OF

VISTAVILA LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

NAME

The name of this Limited Liability Company is: VISTAVILA LLC

ARTICLE II

GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

ADDRESS

The principal office address and the mailing address of this Limited Liability Company in the State of Florida is 2100 SALZEDO STREET, SUITE 201, CORAL GABLES FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V

REGISTERED OFFICE, REGISTERED AGENT

That VISTAVILA LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

ARTICLE VI
MANAGEMENT


The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

The Initial Managers of the Company are:

JORGE MASSA DUSTOU, of
2100 SALZEDO STREET, SUITE 201
CORAL GABLES FL 33134

MARIA JESUS JIMENEZ, of
2100 SALZEDO STREET, SUITE 201
CORAL GABLES FL 33134

WITNESS the hand and seal of the Authorized Person in Miami-Dade County, State of Florida, on the 21st day of May 2021.



Carlos F. Arazoza
Authorized Person

2021 MAY 25 AM 11:46

ED

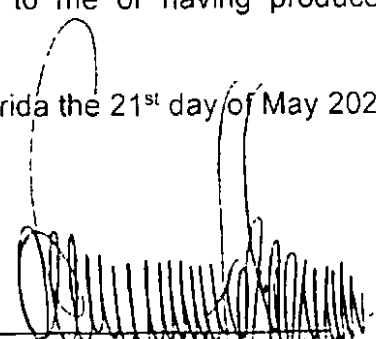
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me via ☒ physical presence or ☐ electronic appearance on this 21st day of May 2021, by Carlos F. Arazoza, as Authorized Person for VISTAVILA LLC, being personally known to me or having produced a _____ as identification.

WITNESS my hand and seal at Miami-Dade County, Florida the 21st day of May 2021.

My commission expires:





Laura Kohn, Notary Public
State of Florida at Large

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That VISTAVILA LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A. as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A

By: 

Carlos F. Arazoza

Director

May 21, 2021

RECEIVED MAY 21 2021

50